

**LIMITED LIABILITY PARTNERSHIP**

**STATE OF MAINE**

**ACCEPTANCE OF APPOINTMENT  
AS REGISTERED AGENT OF**

\_\_\_\_\_  
(name of limited liability partnership)

Pursuant to 31 MRSA §807.2 or §854.2-A, the undersigned hereby accepts the appointment as registered agent for the above-named limited liability partnership.

**REGISTERED AGENT**

**DATED** \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

**For Registered Agent which is a Corporation**

Name of Corporation \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**